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WELLNESS PROGRAM FOR PRE AND NEWLY RETIRED INDIVIDUALS LIVING
IN RURAL COMMUNITIES

by

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CHAPTER 1

INTRODUCTION

Occupational roles change significantly for individuals in the retirement age bracket. The target population for the research is individuals between the ages of 60 and 75 who are nearing or have recently retired. One significant occupational change for these individuals is work is no longer their primary occupation. In turn, individuals have increased time for leisure and social activities and participation in other occupations. Involvement in occupations throughout the lifespan is important for anyone at any age; participation in occupations allows individuals to feel purposeful and have meaning in their daily lives.

As individuals near retirement, they frequently begin to lead more sedentary lifestyles and engage in fewer meaningful occupations. This potentially can lead to social isolation, poor nutrition, decreased physical health, and ultimately a lack of engagement in purposeful occupations (Danner & Edwards, 1992; Matuska, Giles-Heinz, Flinn, et al., 2003; Walker & Beauchene, 1991). It is essential for individuals to expand and broaden their occupations before and after retirement in order to prevent social isolation and promote health and wellness. By doing so, it helps individuals adjust to changing occupations and roles during the retirement period. Participation in wellness, leisure, social, and educational activities are all potential ways to discover new purposeful occupations in life.

The three main categories of risk factors associated with a sedentary lifestyle include cardiovascular diseases, pulmonary diseases, and musculoskeletal diseases (Pate, Pratt, Blair, et al., 1995; Swart, Pollock, & Brechue, 1996). Smoking and alcohol consumption are risk factors of aging. Both can increase the chances of being diagnosed with one of the above diseases (Minkler, Schauffler, & Clements-Nolle, 2000). Various other risks of aging include a higher rate of falling, social isolation, loneliness, and decreased cognition (Scott, Butin, Tewfik, et al., 2001; Walker & Beauchene, 1991).

Individuals 60 and older are developmentally at risk for developing many of the previously mentioned diseases which can result in shortened mortality. Minkler et al. (2000) and Resnick (2003) recommend that older adults have annual blood pressure and cholesterol screenings, mammograms, prostate exams, as well as vision and hearing tests. Prevention of disease and disablement is especially important for individuals in this age category and numerous preventative measures should be considered. Socially, individuals have a network of family and friends and it is important to continue this network following retirement. Family generally provides a strong social connection for older adults (Minkler et al., 2000). Research by Spencer, Davidson, and White (1996) found that developing hopes for the future is another important component for individuals nearing retirement or who have recently retired in order to establish goals they still wish to achieve. Established hopes can potentially challenge older adults cognitively, emotionally, spiritually, and physically. Determining possibilities for the future is essential to continue finding purpose and meaning in life.

Health promotion and disease prevention is especially important for individuals in rural communities. Averill (2003) found that individuals in rural communities lack the resources such as education and programs that target health and wellness promotion in older individuals. Major issues identified as concern for living in rural communities include rising costs of prescriptions, limited access to the basic healthcare services, and social isolation resulting in loneliness. Collaboration between professionals and community members is necessary to provide the essential health care services in rural communities (Averill, 2003).

Occupational therapy can positively contribute to health promotion and disease prevention for individuals who are nearing or who have recently retired as well as for those living in rural communities. Occupational therapy addresses the individual holistically to include finding a balance of productive activity, emotional expression, social support, and positive interactions with the environment. An occupational therapist has the knowledge and can provide guidance to improve independence and quality of life of older individuals. The goals of occupational therapy are to increase leisure and physical activity, decrease health diseases and disability, educate clients on pertinent wellness issues, and provide resources for clients within their community (Scott et al., 2001). As well, occupational therapy focuses on engaging individuals in activities they find purposeful and meaningful. For optimal outcomes, Swart et al. (1996) stated that a health promotion program is geared towards an individual's needs and desires. Minkler et al. (2000) found that older adults are often unaware of the resources available,

therefore it is important for occupational therapists to prescribe, counsel, and encourage older adults to participate in health promoting activities including physical activity, educational seminars, and preventive measures.

The intent of this scholarly project is to develop a health promotion and disease prevention program for individuals between the ages of 60 and 75, living in rural communities. Individuals in this age category are nearing retirement or have recently retired. The focus of the wellness program encompasses health, physical activity, leisure, and socialization. *Healthy People 2010* contributes guidelines for developing this program. The goals of the program are to define occupational role changes, prevent social isolation, and increase health and wellness for pre and newly retired individuals.

The following chapters include a literature review, which allows the reader to understand what has and has not been researched on this topic as well as what is questioned in health promotional and disease prevention programs for older adults. Following is a chapter with an overview of the product to be developed, the process used to develop the product, and the key points. The product is a Wellness Manual and included are any protocols, forms, educational handouts, etc. necessary for delivery of the wellness program. The final chapter includes a summary and conclusions in regards to the research and the product, any limitations, and recommendations for the future.

CHAPTER 2

REVIEW OF LITERATURE

Wellness is composed of health promotion, disease prevention, and maintaining a quality lifestyle. Wellness is relevant to individuals at any age or stage in life. Ann Wilcock (2003) defined wellness as, “an active process through which individuals become aware of and make choices toward a more successful existence,” (p. 230). Individuals today are beginning to realize the importance of participation in wellness activities throughout the lifespan, however, older individuals continue to view physical activities as primarily for individuals of younger generations. By promoting and participating in wellness activities, pre and newly retired individuals can benefit by maintaining physical and cognitive functioning. Education about behaviors and lifestyles is important to initiate wellness and health promotion and improve overall well-being (Scott, Butin, Tewfik, et al., 2001). Finding a balance between productive activities, social supports, emotional expression, and interactions with the environment helps to create the quality of life an individual desires. Self-care is another aspect to wellness which encompasses proper nutrition, sleep, avoidance of tobacco and alcohol, participation in activities, environmental and home safety, as well as maintenance of self. Chambers-Clark (1998) found that individuals with high self-esteem and self-worth are more likely to incorporate wellness activities and healthy behaviors into their daily routine than those with low self-esteem. Participation in health promotion occupations

enhances self-esteem and self-concept. Through participation in wellness activities, individuals with high self-esteem will continue to improve both self-esteem and self-worth.

Population of Interest

Age

For individuals in the retirement age bracket, it is especially important to maintain quality of life throughout the changes the individual is undergoing. In 2000, it was estimated that there were approximately 35 million Americans over the age of 65. The 2000 US Census found that there were roughly 18.4 million people between the ages of 65 and 74, which is 53 percent of the older population. Between the ages of 60 and 64, there were 10.8 million Americans in 2000. Overall, the number of adults over the age of 60, in 2000, was roughly 45.8 million. The US Census Bureau estimated 281.4 million people living in the United States in 2000 with 16% of the population over the age of 60. Although the census found that it was the first time in history that the population over the age of 65 was not the fastest growing population, it is not to say the number is not rising rapidly. The number of older adults is expected to continue to rise as individuals are living longer (Averill, 2003; Danner & Edwards, 1992; US Department of Commerce, [USDC]a, 2000; US Department of Commerce, [USDC]b, 2000) and the baby boomer generation is reaching the retirement age bracket.

The 2000 US Census Bureau found that approximately 61 million Americans were living in rural areas and of that number 15% or 9 million were over the age of 65.

In the Midwest alone, there were approximately 8 million Americans over 65. According to the 2000 US Census Bureau, the average life expectancy for an American is 80 years old. The involvement of health promotion activities is important for older individuals because they can benefit from health promotion and disease prevention programs to maintain a healthy lifestyle and satisfaction with self (Leville, Guralnik, Ferucci, et al., 1999). Research found that 40% of older adult do engage in physical activity, however, not at high enough intensity levels to receive health benefits. On the other hand, only 30%-50% of the older adult population participates in health promoting activities on a regular basis (Danner & Edwards, 1992; Kovar, Fitti, & Chuba, 1992). However, it is important to note that literature has found that older adults can benefit the same from health promotion programs as individuals in younger generations (Goldberg & Chavin, 1997). Participation in health promotion activities is beneficial to persons of all ages. It is especially important for older individuals to prevent physical health decline, maintain social and community involvement, and have a sense of satisfaction which maintains overall health and wellness (Danner & Edwards, 1992; Resnick, 2003).

Rural Communities

Averill (2003) found that a disproportionate number of older adults live in rural areas. This is due in part to younger generations moving to urban areas to find work and raise families. With rural communities comes poor access to necessary health care services, social services, and other services required for healthy living. Many rural communities do not have specialty care services, home care services, or access to

emergency care. Research showed that individuals in rural communities do not have access to educational classes on health and wellness, access to wellness centers, or opportunities to participate in a variety of social and community events.

Averill (2003) examined the needs, perceptions, and experiences of elderly individuals living in rural areas, specifically southwestern New Mexico. Results found that views of healthcare varied depended on an individual's background and culture. The major issues identified as concern for all participants include rising costs of prescriptions, limited access to the basic healthcare services, and social isolation resulting in loneliness. The research study demonstrates the importance of providing quality access and service to all individuals. One of the focus areas to *Healthy People 2010*, a national health initiative of the Public Health Services, is access to quality health services, including rural areas, minorities, and the elderly. Older individuals living in rural communities fall into this category. Providing services in this area is growing and it is essential for individuals in healthcare to address and further research the need for access to quality healthcare services.

A community is considered rural if the county does not have more than 50,000 people, towns with less than 2,500 people, or hospitals with 25 to 100 beds. Research has also found that individuals in rural communities view themselves as healthy if they are able to work and do not require visits to the doctor. However, individuals living in rural communities are at a higher risk for disability or chronic disease, which is partly due to the fact that they do not use preventive measures ([USDC]a, 2000; [USDC]b, 2000). As

a result, “too little attention has been paid to the growing population of rural elders, and the time is ripe for interventions on their behalf,” (Averill, 2003, p. 453). Having appropriate health care services for older adults in rural communities is essential in reducing risk factors that are associated with disability and mortality in order to maintain quality of life (Averill, 2003; Raphael, Brown, Renwick, et al., 1995).

Quality of Life

Quality of life (QOL) is an important component to health promotion and disease prevention. QOL is composed of factors such as nutrition, environment, social participation, and health status. Feelings of self-worth and self-esteem help to define quality of life. “Quality of life is the degree of enjoyment that results from possibilities that have taken on importance to that person [it] is uniquely identified for each individual,” (Raphael et al., 1995, p. 229). A deficiency in any of the above areas can potentially decrease QOL for any individual. For older individuals it is important to maintain or improve QOL as significant changes are occurring within their life, such as retirement. Two ways of determining QOL are to identify level of enjoyment and importance of occupations to each individual. In sum, maintaining QOL requires that an individual find importance and meaning in activities that she or he is currently engaged with as well as discovering new occupations in which to engage (Raphael et al., 1995).

Promoting activities that involve physical activity, social encounters, leisure, and safety are all ways to maintain or improve quality of life for older adults (Satariano & McAuley, 2003; Scott et al., 2001). Efforts to maintain or increase opportunities to

participate in meaningful social and community events can potentially improve QOL through self-perceived wellness (Matuska, Giles-Heinz, Flinn, et al., 2003). Not only do social and community activities improve QOL, but physical activity also improves QOL. Swart, Pollock, and Brechue (1996) found that participation in regular physical activity helps to maintain and improve an individual's strength, endurance, coordination, and balance which, in turn, improves quality of life and helps to prevent falls. The activities an individual engages in must be targeted toward personal interests. Involving the individual in the planning process is important to make the wellness promotion program client-centered. Making the activities client-centered enhances self-worth and motivation to participate in health promotion and disease prevention activities (Swart et al., 1996). Each individual determines what quality of life is and what occupations are important to participate in to maintain feelings of self-worth and satisfaction.

Risk Factors

Participation in a healthy lifestyle will aid in reducing the numerous risk factors that are commonly associated with aging. Sedentary lifestyles contribute negatively to the aging process of older adults, which, in turn, leads to an increase in the potential number of risk factors individuals face. Minkler, Schaueffler, and Clements-Nolle (2000) found that reduction in risk behavior factors for older individuals is essential to maintain a healthy lifestyle. Coronary artery diseases, smoking, excessive alcohol consumption, arthritis, pulmonary diseases, and musculoskeletal changes are all risk factors associated with aging. Hypertension, high cholesterol, poor blood lipids, diabetes, and obesity are

some of the most frequently diagnosed diseases among the older population. Common musculoskeletal changes that occur include a decrease in bone density, decrease in overall strength and endurance, and arthritis. (Danner & Edwards, 1992; Pate, Pratt, Blair, et al., 1995; Swart, et al., 1996). Hypertension, a coronary artery disease, is prevalent in approximately 53% of older adults (Husten, Shelton, Chrismon, et al., 1997). Swart et al. (1996) found that cardiopulmonary and musculoskeletal changes are the main determinants of physical functioning and satisfaction with life. Many of the risk factors can lead to a decrease in participation in activities, frailty, increased dependence on others for help, and ultimately disablement.

Social participation is one area commonly influenced by potential risk factors that is associated with aging. A decrease in social participation due to developmental changes and disease can result in social isolation or loneliness. In turn, individuals who are socially isolated and lonely often have poor nutrition (Walker & Beauchene, 1991). The purpose of a research study done by Walker and Beauchene (1991) was to identify potential factors that influence nutrition intake and to determine if social isolation, loneliness, and physical health are related to overall nutrition. The type of living situation did not affect nutritional status nor did gender. Results showed an increase in the number of social contacts improved overall nutrition of the participants. Physical health status was related to the intake of vitamin A, ascorbic acid, and fiber with individuals in poor health consuming less of these nutrients. A link between age and loneliness was not found among the participants of the study, however, a link between

nutrition intake and loneliness and social isolation was found. The researchers concluded that older individuals who lack quality social relationships often face social isolation and loneliness when significant changes occur in their lives, leading to a potential decrease in nutrition and affecting overall health.

Individuals can also be limited to participation in health promotion activities due to personal and environmental limitations. Matuska et al. (2003) and Carlson, Clark, and Young (1999) found that transportation is a major constraint for older individuals' participation in promotional health activities. With a lack of transportation, individuals do not have access to health promotion activities even if they have a desire to participate. Environmental limitations include unsafe neighborhoods, poorly lit streets, and a lack of access which causes a snowball effect to occur, limiting participation in wellness activities. When an individual is unable to access and participate in activities, it leads to a decrease in social contacts, poor nutrition, and an overall decrease in physical and mental health (Matuska et al., 2003; Pate et al., 1995). Participants stated a lack of time is another main reason for a low participation rate in health promotion and disease prevention activities (Pate et al., 1995). The risk factors contributing to a sedentary lifestyle are numerous and it is important to consider all aspects which may lead to decreased participation in health promotion and disease prevention activities (Matuska et al., 2003; Pate et al., 1995; Walker & Beauchene, 1991).

Developmental Aspects of Population

As individuals experience new occupations and events within their lives, they are continually learning, growing, and changing. By participating in various occupations, individuals continually adapt and change throughout the lifespan (Wilcock, 1999). The concept of doing, being, and becoming is essential to development and healthy living. Doing is, at times, interchangeable with occupation. It provides a way for growth and development to occur. Having time to discover new components of the self, to think, and to reflect are all aspects to being. Becoming is the potential growth for participation in various occupations and allows for achieving a sense of well-being and quality of life. Doing, being, and becoming are all needed for health and wellness because each has a part in participation of various occupations (Wilcock, 1999). The occupations individuals choose to participate in are reflective of their doing, being, and becoming.

One significant change that occurs for individuals between the ages of 60 and 75 is retirement. Work is a major occupation for many individuals and consumes a large portion of time. However, as one nears retirement or for someone who has recently retired it is essential to learn new occupations or expand on previous occupations in order to maintain quality of life. This is needed because work is often no longer one of the central occupations in which an individual participates. An increased interest in promoting health among older individuals in America is strengthened by the two concepts of 'healthy aging' and 'successful aging' (Rowe & Kahn, 1998; Schmidt, 1994). The two concepts allow society to move towards a functional aging concept as opposed to a chronological aging concept. Functional aging occurs when older adults are able to

live independently and function adequately in order to maintain health despite having a possible chronic illness.

Recognizing the impact the social and physical environments have on an individual is equally important because it contributes to their wellness and satisfaction. Socioeconomic status and health are highly related. Socioeconomic status can be defined in terms of education, income, or occupation (Adler, Boyce, Chesney, et al., 1994; Marmot, Shipley, & Rose, 1984; Pappas, Queen, Hadden, et al., 1993). Minkler et al. (2000) found that a low socioeconomic status has been linked to an increased number of risk factors that are frequently associated with physical limitations as one ages. On the other hand, strong social ties have been found to result in positive behavioral changes. Not only does socioeconomic status affect health, but so does the physical environment. Pate et al. (1995), state the aspects of the physical environment to consider include lighting, amount of crime, railings, stairways, etc. All are components to address when thinking of safety, health, and wellness of older adults. Many of the barriers found within the physical environment require community attention, which in turn requires older individuals to be advocates in promoting health and wellness (Weinstein, Feigley, & Pullen, 1996). Individuals who are able to perform daily activities without difficulties do not show signs of physical, social, or emotional difficulties, but instead feel full of energy. On the other hand, individuals who are restricted in performing activities often have signs of physical, social, and emotional problems leading to a decrease in energy (Nunez, Armbruster, Phillips, et al. 2003).

Research shows developmental changes occur occupationally, personally, socially, and physically. When individuals consider new or expanding upon previous occupations, it is important to consider all aspects of an occupation (Spencer, Davidson, & White, 1996). Helping individuals to develop new occupations is essential in maintaining value and meaning in their life. Spencer et al. (1996) found that setting goals, discovering the meaning of participation, and evaluating performance all contribute to a sense of contribution and well-being. Success and meaning is ensured when individuals participate in occupations of their choosing. The developmental aspects are unique to each individual and it is equally important to consider all aspects to the changes that are occurring in relation to the occupations in which the individual engages.

Populations Needs

Much of the research that has been done on health promotion and disease prevention is targeted for individuals 65 and older especially the oldest elderly. Many of the studies are aimed at older adults living in urban or suburban areas and focus is on physical activity; a global approach to health and wellness is not addressed (Scott et al., 2001). Numerous variables affect older adult's willingness to participate in health promotion and disease prevention programs. Such variables include socioeconomics, beliefs and attitudes of healthcare providers and patients, motivation, and access to resources (Resnick, 2003; Swart et al., 1996). Resnick (2003) and Swart et al. (1996) found that healthcare providers do not educate patients on the resources that are available. Resources to health promotion and disease prevention programs include education,

structured health or physical activity programs, transportation, supervision, and support groups. A concern for older adults is understanding the resources available within their community.

Younger individuals, individuals with fewer chronic illnesses, and those with a high cognitive status are more likely to participate in health promotion activities (Resnick, 2000). However, older individuals are more fragile, susceptible to orthopedic related injuries, and cardiovascular problems (Swart et al., 1996). “Regular physical activity contributes to the maintenance and improvement of aerobic endurance, strength, flexibility, coordination, agility, and balance, which improves quality of life and helps prevent falls in the elderly. These factors, along with learning to deal with emotional stress, can improve quality of life...” (Swart et al., 1996, p.10). Wallace and Levin (2000) found that health education and disease prevention programs are among the top priorities for health departments, however, only a fifth of the health departments offer programs in this area. Many of the programs available target the general population and are not specific to older adults living in rural communities. The health promotion programs that are most frequently available include immunizations, mammograms, Pap smears, prostate exams, and prenatal/maternal care. Other programs that are important to address include physical activity programs, educational sessions, and social and community participation (Resnick, 2003; Wallace & Levin, 2000). When developing health promotion and disease prevention programs, it is essential to consider the improvement of physical function, and social and community participation in order to

better perform activities of daily living, maintain a satisfactory quality of life, and find enjoyment in participating in various occupations. Research has found that when health care providers educate and include individuals in development of health promotion programs to reduce the risk of developing chronic diseases, the rate of participation in health promotion programs increases (Fox, Breuer, & Wright, 1997; Mayer, Jermanovich, Wright, et al., 1994).

Resnick's (2003) research focus was to describe the primary and secondary health promotion activities of older adults living independently in a continuing care retirement community (CCRC). It is important to note that individuals that live in a CCRC are often more interested in maintaining a healthy lifestyle. Research found that half of the individuals in the young-old category monitored their diet with the amount of exercise decreasing with age. Major reasons for not participating in health promotion and disease prevention programs was not being educated on the importance of regular exams and participation as well as it was often an inconvenience. Overall, however, individuals in the CCRC had better health promotion behavior patterns than what is reported in regards to older adults living in the community. Reasons for better health promotion behaviors include higher levels of education, predominantly white participants, medical insurance, as well as easy access to the necessary medical care. Conclusions found that educating healthcare providers and community members on the importance of health promotion activities is essential in order to maintain or improve quality of life.

Education is an important component to consider for health promotion and disease prevention program to be successful within any community. “One of the major barriers to the use of preventive services by older Americans has historically been the failure of health insurance, most notable the Medicare program, to cover much preventive care,” (Minkler et al., 2000, p.373). Not only is it important to educate older adults and healthcare providers, but it is also necessary to educate insurance providers on the benefits and cost saving aspects to preventive care and health promotion. Through participation in health promotion and disease prevention care, older adults will maintain a satisfactory lifestyle and will have the opportunity to engage in occupations of choice (Minkler et al., 2000).

Successful Programs

Characteristics of Success

Health promotion and disease prevention programs have been successfully used with various populations, geographical locations, and when targeting specific illnesses. When developing health promotion programs it is helpful to consider variables identified that are associated with success. Swart et al. (1996) found that one key concept to a successful program is including the individual in the planning process. Designing a program that meets the wants and needs of individuals is important in order for them to find the occupation meaningful and purposeful. Another component to a successful health promotion and disease prevention program is having the necessary services as well as access to health promotion programs so that individuals are able to attend and

participate without difficulties (Matuska et al., 2003; Satariano & McAuley, 2003; Swart et al., 1996). Including a variety of aspects to health promotion and disease prevention is equally important. Health promotion and disease prevention programs should ideally encompass several areas including physical health, nutrition, and socialization in order for the program to be holistic and meaningful to the participants (Scott et al., 2001).

Healthy People 2010

A nationwide program that has been established that promotes health and disease prevention is *Healthy People 2010*. It is a government based program that was designed for all citizens of the United States no matter age, race, or geographical location. The two main purposes of the program are to, “increase quality and years of healthy life and eliminate health disparities,” (US Department of Health and Human Resources, [USDHHR], 2004). The program is designed with twenty-eight target areas of focus and then from that list there are ten major health indicators which are further identified. It is designed to serve as a roadmap for improving the health of all people during the first decade of the twenty first century. *Healthy People 2010* was developed through a consultation process with many contributors and with the use of the best evidence available. The program is designed to measure success over a period of time. In order for the program to be successful, communities must work together to promote and implement the initiative to better the health of all people. It is suggested that businesses, schools, and organizations use the framework of *Healthy People 2010* to develop health promotion program within their community. Participants in the program are

recommended to track program information and results in order for *Healthy People 2010* to determine the benefits of its program ([USDHHR], 2004).

Well Elderly Study

The Well Elderly Program, a research based study by occupational therapist's has gained national recognition. Funded through national grants, the program was designed by occupational therapists with four main concepts. The concepts included, "occupation is life itself, occupation can create new visions of possible selves, occupation has a curative effect on physical and mental health and on a sense of life order and routine, and also occupation has a place in preventive care," (Mandel, Jackson, Zemke, et al., 1999, p. 13). The major goal of the program is to help elderly individuals modify and adapt their routines to lead healthy and productive lives. The program targets areas including social contacts, home safety, nutrition, cognition, and physical health. Results found that the elderly individuals in the occupational therapy treatment group demonstrated positive health promotion behaviors in numerous areas related to successful aging. The control group and the group receiving only social interventions did not note significant results (Scott et al., 2001). Concluding results found that therapeutic guided interventions help to emphasize participation in meaningful occupations which allows for quality of life (Carlson et al., 1998).

Program Established Within Communities

Health promotion and disease prevention programs are established to target large groups of individuals at any age. Programs are also designed for individuals in

specific regions falling into various age categories. One such program is the Escalante Health Partnerships program developed and researched by Nunez et al. (2003). The goals of the program are to improve or maintain function in older adults, enable them to live independently longer, and improve quality of life. The program also incorporated *Healthy People 2010* to achieve its goals. Escalante Health Partnerships is designed with three main categories including health promotion, health education, and self-management of disease or disability. It is a community-based program that is targeted towards nurse-managed health and wellness promotion (Nunez et al., 2003). Research indicates that individuals who perform normal activities without interference from physical or emotional factors are said to be full of energy. Contrary, individuals who have limited social activities feel tired and are often nervous or depressed. Conclusions found the Escalante Health Partnerships program successful because it is designed to target positive health behaviors. Individuals have improved quality of life, manage their disease or disability, and maintain function and independence.

Oxford Health Plans, an occupational therapy program designed for elderly individuals, was researched by Scott et al. (2001). It is a Medicare-based program with goals of improving overall health and function and also decreasing unnecessary health care utilization. The program addresses areas including health screenings and interventions, nutrition screenings and interventions, self-management courses and books, health aging seminars, and also a walking club. The results showed that from an occupational therapy standpoint, it is essential that health awareness and wellness be

incorporated into daily life activities. By promoting health and developing wellness programs, there will be an increase in leisure activities, a decrease in adverse health effects, and a decrease in secondary health ailments.

To bring the discussions closer to home, a number of wellness related programs have been started in rural communities in North Dakota. A program that is implemented in Hettinger, North Dakota is called Life Initiatives for Everyone (LIFE). LIFE is a program that hopes to promote healthy lifestyle changes and assist individuals in dealing with chronic illnesses. The program is being done in collaboration with the West River Health Services, Southwestern District Public Health Unit and the UND School of Medicine and Health Sciences. The overarching goal of the program is to develop healthcare management concepts, create a comprehensive approach to healthy lifestyles and change the health culture of rural areas. Another program in rural North Dakota is through the Ashley Medical Center in Ashley, North Dakota. The program is called the Community School and Wellness Program. Its goal is to develop a community and county wide physical activity and wellness program. It is relying on local health data and *Healthy People 2010* to develop a community focused fitness and health program. Specific areas of concern for the program are obesity, heart disease, diabetes, and cancer as all are prevalent in the region. The program, “exemplifies how rural communities can address a common need through the maximization of physical resources and collaboration,” (“Summary of North Dakota,” n.d.). Both of the programs that are being implemented in rural North Dakota target numerous aspects of health promotion and are

funded through grants. Each of the programs are open to individuals of all ages with a focus of health promotion.

The programs that are currently and being implemented within North Dakota not only address physical health activities, but address activities that promote overall health and disease prevention. To make health promotion and disease prevention programs be effective and benefit participants fully, it is important to include all aspects of health and wellness.

Role of Occupational Therapy

Preventing and reducing illness and injuries, improving overall health and wellness, and promoting healthy lifestyle practices are the main focuses for occupational therapists working in the area of health promotion and disease prevention. These goals are congruent with the two overarching goals of *Healthy People 2010*. Services for health promotion and disease prevention are for individuals of all ages, ethnic backgrounds, and socioeconomic statuses (Brownson & Scaffa, 2001). Both Kielhofner (1992) and Meyer (as cited in Brownson & Scaffa, 2001) found that individuals who participate in meaningful occupations throughout the lifespan will have positive health behaviors. Occupational therapists have the skills and knowledge to develop intervention plans for individuals that address both decreasing risk factors and establishing positive health behaviors. Developing programs that encourages socialization, provides both mental and emotional stimulation, as well as involves the individual in planning the health promotion and disease prevention program is important. Making programs

purposeful promotes self-worth, independence, and quality of life throughout the lifespan. In addition, it is necessary to educate individuals on the importance and benefits of participation in health promotion and disease prevention programs and educate them on pertinent health issues that affect their age population (Scott et al., 2001).

The American Occupational Therapy Association's position statement on health promotion and disease prevention encourages occupational therapists to increase their involvement in these types of community-based programs. In promoting health and wellness, occupational therapists have three essential roles.

1. Promoting a healthy lifestyle is important for all individuals including those with physical, mental, or cognitive limitations. As occupational therapists, it is necessary to consult with others to ensure a safe environment as well as functional independence.
2. Expansion of established health promotion programs is also important in order to incorporate the uniqueness of occupational therapy into programs.
3. Health promotion and disease prevention programs must not only focus interventions towards participants, but also towards communities, organizations, and individuals involved with the government (Brownson & Scaffa, 2001).

In order for occupational therapists to achieve their roles, it is important that they think 'outside the box' and bring health promotion programs to non traditional settings. "As therapists, let us promote in our practice the new vision statement of the American Occupational Therapy Association, to insure that 'the contribution of occupational

therapy to health, wellness, productivity, and quality of life are widely used, understood, and valued by society,” (Scott et al., 2001, p. 18).

With the growing population of older adults, the need for community based intervention programs is significant. Individuals need adequate medical and social health available to prevent illness and disability that is commonly associated with aging.

Healthy People 2010’s focus on independence coincides with occupational therapy’s goals of engaging in purposeful occupations, which, in turn, promotes health and disease prevention. Disease prevention, education, and improving quality of life through collaborative community based programs have been successful in numerous situations (Brownson & Scaffa, 2001). “Occupational therapy as a profession is renewing its commitment to health promotion and wellness... [wanting to] increase leisure and physical activity, decrease adverse health effects from stress, reduce secondary disability, patient education, and community resources,” (Scott et al., 2001, p. 17).

A common component to the health programs that are established includes engaging older adults in occupations which are authentic to occupational therapy. Occupations are authentic when they are purposeful, productive, and meaningful to an individual. Participation in occupations leads to a successful and satisfying lifestyle.

The Ecological Model of Occupation (Dunn, Brown, & Youngstrom, 2003) was developed by Winnie Dunn, Catana Brown, and Mary Jane Youngstrom. Winnie Dunn is the main author and promoter of the model. It is designed to provide an outline that highlights context as a major component to task performance. The model can be used to

develop a community-based program for pre and newly retired individuals. The four main components to the model include context, task, person, and performance. Together the person and the context determine occupation.

This model connects with occupational therapy because it addresses the interaction between the individual and the environment to determine the importance of an activity to each individual. As an occupational therapist, it is essential to identify aspects of both the individual and the environment when determining if occupations are meaningful and purposeful to the individual. With this model, the individual engaging in the occupation determines performance satisfaction and meaning for the self. In a community based program for pre and newly retired individuals, it is necessary to prioritize the individual's needs and desires, analyze prioritized tasks, evaluate performance, evaluate the contexts, evaluate the person variables, and develop intervention goals and strategies that address the priorities. The occupational therapist can evaluate performances, contexts, and the person so intervention goals and strategies can be established in order to develop a wellness program for pre and newly retired individuals living in rural communities. This ensures that the program is client-centered (Dunn, Brown, & Youngstrom, 2003).

Pre or newly retired individuals living in rural communities often suffer from social isolation following retirement. This is due to occupational role changes such as no longer engaging in work. Maintaining satisfaction with self and quality of life is important for pre and newly retired members of rural communities. Satisfaction with self

and quality of life is achieved when individuals continue to participate in variety occupations or develop new occupations in which to participate throughout stages of life.

Promoting community-based services for individuals is an expanding area of practice for occupational therapists. The focus of therapy in a community setting is on health promotion and disease prevention. The Ecological Model of Occupation focuses not only on the person, but also on context. Together the two components make up an occupation. With each occupation, an individual ultimately determines intervention strategies and goals. When an individual's needs and wants are met, quality of life and satisfaction with self is achieved. Maintenance of a healthy lifestyle can be enhanced by the provision of a wellness program designed specifically for persons in this age bracket who are living in rural communities.

CHAPTER THREE

PROCESS

A search of literature was completed using OT Search, PubMed, and CINAHL. *Healthy People 2010* and the US Census Bureau were used to gather factual information regarding what *Healthy People 2010* is and statistical information for the target population. The UND Center for Rural Health's RAC office also contributed research information for North Dakota's wellness programs. The literature review provided a definition of wellness, reviewed the current programs that are available, identified aspects of rural communities, and determined the role of occupational therapy in a community-based setting. In addition, the risk factors of aging, quality of life, and developmental needs were also reviewed specific to the target population. The research found that as individuals age, they begin to lead more sedentary lifestyles. A sedentary lifestyle leads to increased risk for developing chronic illness or diseases along with decreasing quality of life and satisfaction with self. For individuals in the retirement age bracket, it is essential to continue participation in health promotion and disease prevention programs to maintain a healthy lifestyle. Developing a wellness program for individuals living in rural communities is especially important to prevent a sedentary lifestyle and diseases.

The Ecological Model of Occupation is used to serve as a guide in developing the Wellness Manual. The model along with assessments and other materials used in

occupational therapy direct the development of a community-based wellness program to be implemented by an occupational therapist.

The goals of the program are to promote health and disease prevention in older adults living in rural communities in order to maintain quality of life and satisfaction with self. Five topic areas related to the program goals were identified in the literature and provided direction in developing the Wellness Manual. The five areas addressed are all components to wellness. It is important to participate in all aspects of wellness to lead a healthy, satisfying lifestyle. Areas to wellness include: 1) role changes; 2) physical activities; 3) leisure activities; 4) social opportunities; and 5) educational seminars.

Each of the topic areas became an intervention section. Within each intervention section of the manual, guidelines are given for how to effectively implement the program, suggestions of occupations to include, and handouts, if needed. A list of references and resources used is provided for each intervention section.

The scholarly project concludes with a summary of the literature review and product. A reference list is included with all resources used throughout the project. The product, a Wellness Manual, is meant to be a stand-alone product for an occupational therapist to use in developing a wellness program.

Wellness Manual
For Occupational
Therapists

By:

Nicole R. Miller, MOTS

Advisor: Sonia S. Zimmerman, MA, OTR/L

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CHAPTER FOUR

PRODUCT: WELLNESS MANUAL

Program Description

The product, a Wellness Manual, is a guide for occupational therapists to develop a wellness program in rural communities. The program is targeted for pre and newly retired individuals living in rural communities. Included in the manual are intervention sections that address changing roles, physical activities, leisure activities, social activities, and educational seminars. These components were selected as each plays a major role in wellness. It is essential to consider all aspects to wellness in order for the program to be holistic in nature and target the goals and needs of the population. Each intervention section of the manual includes an outline of pertinent areas to address and consider, section objectives, and activity suggestions. See Appendix A for an activities record for individuals to fill out. The record has individuals write their activity, mark which intervention section it falls under, mark whether it was a group or individual activity, and write comments regarding their activity or experience.

The goal of the Wellness Manual is to provide a template for an occupational therapist to carry out a wellness program to pre and newly retired individuals living in rural communities. Through participation in the wellness program, the individuals' ability to maintain quality of life and satisfaction with self will be enhanced. Increased social contacts, maintained or improvement in health, continued participation in leisure

activities, and an increased awareness to the importance of participation in health promotion and disease prevention programs are objectives for the program.

The education intervention section is somewhat unique in that it is designed to be more of a 'teaching' section followed by discussion groups. It is developed so that individuals who are experts on specific topic ideas can lead the educational sessions. Possible places to recruit individuals to assist with the wellness program include individuals who work at public health, local hospitals, or local organizations. Having individuals who are specialized in various fields present topics allows for the program to have a community focus. In addition, the wellness program becomes well-known to those who work within the community and they can then encourage promote the wellness program. It is likely that some of the program participants will also be able to serve as guest speakers.

Partnering with other organizations within the community can potentially open the door to more individuals inquiring about and participating in the wellness program. Potential partnerships within a community include local senior citizen center, churches, local businesses, as well as hospitals and clinics. Through a community partnership an increased number of individuals have the opportunity to participate in a wellness program to improve their overall health and wellness.

The Ecological Model of Occupation (Dunn, Brown, & Youngstrom, 2003) provides guidelines to develop each intervention section to the Wellness Manual. This helps to ensure continuity and thoroughness of the program. The manual is designed to address each individual holistically and individually. Personal needs and desires of each individual can be achieved by participating in the wellness program. The model also

focuses on the interrelation between the person and the context. Each strongly influences the outcome of the task and person satisfaction. When developing the wellness program, it is essential to consider the context in which the activity is occurring.

An occupational therapist will plan and guide all intervention sections. Each of the sections focuses on using skilled interventions as approaches to achieving the overall program goals and the objectives using the Ecological Model of Occupation. The need for a full-time therapist is important to ensure the use of skilled occupations throughout all aspects of the wellness program. Having a full-time therapist allows him/her time to prepare, plan, and implement all interventions to be effective and beneficial to the individuals. The intervention sections will be led by the therapist, with the exception of the educational seminars being led by participants or other health professionals. A variety of occupations from each intervention section will be offered. Through participating in various occupations individuals have quality of life and a sense of purposefulness, which helps to ensure that the wellness program is holistic.

Assessments

Assessments are useful to help develop health promotion and disease prevention programs for individuals. By doing individual assessments, the therapist gains knowledge and information about each participant. Assessments that are appropriate to use in the changing roles intervention section includes the occupational profile interview. The occupational profile and collaboration process allows for the program to be purposeful and meaningful to each participant. The interest checklist is an assessment tool that can be used to determine leisure possibilities for the leisure activities intervention section.

Goals and Objectives

The program is designed with the individual in mind. It is the participant who determines quality of life, satisfaction with self, and self-worth. The goals of the program are listed in Figure 1.

Figure 1. Goals of Wellness Program

<ul style="list-style-type: none">• Prevent social isolation among pre and newly retired individuals living in rural communities.
<ul style="list-style-type: none">• Expand on current occupations and develop new occupations to engage in to promote participation in a variety of occupations throughout the lifespan.
<ul style="list-style-type: none">• Educate individuals on the importance of participation in health promotion activities to reduce risk of developing chronic diseases/illnesses.
<ul style="list-style-type: none">• Maintain or improve quality of life and satisfaction with self.

Intervention

The Wellness Manual is designed to be used in a community-based setting. Individual and group activities are used to achieve the target population's goals and objectives of the wellness program. An individual focus allows for one-on-one attention, discussion for interventions and goals, and education. On the other hand, a group approach allows for increased interactions with others, motivation and energy to continue participation in the wellness program, and a sense of unity among participants.

With the exception of the 'changing roles' and 'social activities' intervention sections, each intervention section includes recommendations for individual and group activities. The 'changing roles' intervention section is essentially assessment and allows the program to be client-centered towards each individual's needs and desires. On the other hand, the 'social activities' intervention section is geared towards maintaining and

establishing new social contacts. Figure 2 provides examples of each section in which a group and an individual activity is applicable.

Figure 2. Examples of Activities for Each Intervention Section.

Intervention Section	Group Example	Individual Example
Changing Roles	N/A	Occupational Profile
Physical Activities	Walking Club	Strengthening Program
Leisure Activities	Gardening Group	Crocheting
Social Activities	Community Outing	N/A
Educational Opportunities	Session on diabetes	One-on-one guidance

The number of participants per group is dependent upon the occupation and member interest. For many of the occupations, anywhere from five to twenty participants is appropriate. If more individuals want to participate in certain occupations, additional groups may be established to ensure client-centeredness and a positive environment. For example, when establishing a support group five to seven individuals is an appropriate number. With a small group size, individuals will feel comfortable sharing information about themselves as well as benefit from a learning experience. The educational seminars could accommodate more participants as its focus is more of a learning based approach, however, the discussion groups that follow should only have between eight and twelve participants. A limited number of individuals in a discussion group is needed to ensure that each individual has the opportunity to share their thoughts and opinions and feel comfortable sharing within a group setting.

Many of the interventions in the wellness program are continuous. A set number of sessions is not appropriate as individuals are continually engaging in a variety of occupations to promote a healthy lifestyle. With the educational seminars intervention section, the number of sessions on each topic is determined by the depth of the topic and participant response to the topic. Discussions and question/answer sessions can and should follow each topic idea to generate feelings, ideas, and ways to cope if a participant has a certain disease or illness that was discussed. Follow-up sessions allow individuals to increase their knowledge base, brainstorm with other individuals, and develop a support system if appropriate.

Throughout all types of interventions it is important to utilize the six steps to the Ecological Model of Occupation. The six steps to the model include:

- Prioritize individual needs and wants
- Analyze prioritized tasks
- Evaluate performance
- Evaluate both person and population variables
- Develop goals and choose intervention strategies
- Finally to evaluate person/task/context match (Dunn, Brown, & Youngstrom,

2003). The four main components to the model are person, task, context, and performance. Each is important for the individual to determine personal meaning and satisfaction with the activity. The model coincides with client-centered therapy as each aspect focuses solely on the individual.

Outcomes

Outcomes will be measured based on the individual's satisfaction level with performance in the various intervention sections. The idea of the outcomes is to determine the individual's performance in utilizing each of the five intervention sections. The overall goals of the Wellness Manual are expectations for each individual to achieve throughout participation in the health promotion and disease prevention program.

Participants in the wellness program will rate their satisfaction level for the overall program goals as well as for each of the intervention section objectives. Individuals participating in the wellness program will have the opportunity to rate their satisfaction level with their performance every four months. The ratings will help determine the effectiveness of the wellness program. The instrument depicted in Figure 3 will be used for the periodic evaluations of the goals of the wellness program.

Figure 3. Outcomes Assessment

Goals	Rating Scale 1 Unsatisfied 2 Somewhat Unsatisfied 3 Neutral 4 Somewhat Satisfied 5 Satisfied	Comments
My ability to prevent social isolation from occurring in my life.	1 2 3 4 5	
My ability to expand on current occupations and develop new occupations to engage in order to promote participation in a variety of occupations throughout my life.	1 2 3 4 5	
My understanding of the importance in participating in health promotion activities to reduce risk of developing chronic diseases/illnesses.	1 2 3 4 5	
My ability to maintain or improve quality of life and satisfaction with myself.	1 2 3 4 5	
Section 1: Changing Roles		
My ability to understand my changing roles.	1 2 3 4 5	
My ability to identify current occupations in which I engage.	1 2 3 4 5	
My level of satisfaction with new occupation interest areas.	1 2 3 4 5	

My comfort level in current role changes.	1 2 3 4 5	
Section 2: Physical Activities		
My participation in physical activities.	1 2 3 4 5	
My ability to identify the benefits of regular participation in physical activities.	1 2 3 4 5	
My ability to explore and participate in a variety of physical activities.	1 2 3 4 5	
My commitment to participating in physical activities on a regular basis.	1 2 3 4 5	
Section 3: Leisure Activities		
My ability to identify the importance of participation in leisure activities.	1 2 3 4 5	
My satisfaction with current leisure interests.	1 2 3 4 5	
My ability to identify potential leisure interests.	1 2 3 4 5	
My ability to engage in current and new leisure activities on a regular basis.	1 2 3 4 5	
Section 4: Social Opportunities		
My ability to identify the importance of participation in social activities.	1 2 3 4 5	
My satisfaction with the types of social activities I enjoy.	1 2 3 4 5	
My ability to identify what it means to participate in social activities.	1 2 3 4 5	

My ability to engage in social activities on a regular basis.	1 2 3 4 5	
Section 5: Educational Seminars		
My ability to take part in a variety of educational opportunities.	1 2 3 4 5	
My ability to identify pertinent health related issues I would like to learn more about.	1 2 3 4 5	
My understanding of health related issues.	1 2 3 4 5	

Location

There are numerous sites in the community where the wellness program can be conducted. Places to consider include churches, local clinics, hospital education rooms, Senior Citizen Center, or a fitness center, if the community has one. It is possible to develop a partnership with one of the locations to carry out the wellness program. Some of the occupations may not occur at the site chosen. For example, certain social opportunities, along with physical or leisure activities, may meet elsewhere within the community in order for the program and individuals' goals to be achieved.

Marketing

Gaining local support for promoting a wellness program for this population is essential. The wellness program can be marketed to public health, local hospitals and clinics, local organizations, churches, and the community in general. Speaking to public health workers, hospital employees, church members, etc. promotes understanding of the program and reason for participation in this program. Individuals in health related fields can then promote and encourage their patients or clients to participate in the program and explain the benefits of participating in such a program. Newspaper ads, flyers, and radio ads are a few other ways to promote the program and make it known within the community.

The contact individual for participating in the wellness program is the occupational therapist. The occupational therapist can answer questions in regards to the wellness program and set up a time to meet with interested individuals.

Funding

Initially, the wellness program is likely to be funded through federal, state, and/or community grants. For example, Bremer Bank, a local supporting agency, has grants available for communities that have a Bremer Bank. A state and local grant source is Community Development Block Grants (CDBG). CDBG has grant monies available at the state level and provides to local communities to distribute. Another type of funding to consider is in-kind donations. Hospitals, clinics, or churches may donate space to hold the activities. In addition, the County Public Health Department is a source for distributing pamphlets and brochures on health related issues that may be distributed to program participants.

Participants may be asked to pay a small fee for involvement in certain activities. For the intervention section where some of the occupations may have a fee, such as community outings to the movies, participants will be notified that a small fee will be charged to cover all costs. Participants have the decision whether or not to participate in interventions that have a charge. Scholarship monies may be available to cover costs to the interventions sections.

CHANGING ROLES INTERVENTION SECTION

Definition: The focus of this unit is identifying the roles that the individual participates in most frequently. Individuals will also identify the potential role changes that are or will occur following retirement. Individuals often have increased time for physical, leisure, or social activities due to retirement. Understanding the importance of continued engagement in a variety of occupations to maintain quality of life and satisfaction with self is essential.

Areas to Cover: It is important in this section to perform the occupational profile interview assessment to gain a greater understanding of who the individual is. By learning who each individual is, it will help to develop a program that is targeted towards their goals and desires. Assessment in the Ecological Model of Occupation recognizes the importance of naming and describing the population. With each individual the occupational therapist needs to

1. Prioritize individual's current and desired roles
2. Analyze the skills needed to perform current roles
3. Evaluate current and expected performance in the individual's roles
4. Evaluate the contexts in which the individual's roles occur
5. Evaluate the individual's variables that support or hinder participation in roles
6. Develop goals and intervention strategies that address the changing roles

Intervention Section Objectives:

- Gain an understanding of each individual
- Identify current occupations that the individual engages in
- Identify potential occupation interest areas

- Identify how changes in roles affect the individual

Intervention Section Activities:

- Occupational Profile Interview (see Appendix B)

PHYSICAL ACTIVITIES INTERVENTION SECTION

Definition: Physical activities are activities that stress the cardiovascular, vestibular, pulmonary, and musculoskeletal system in order to improve endurance, strength, flexibility, and balance. The system stressed by the activity is dependent upon the chosen activity. Participation in a variety of physical activities will stress each system, which is important in having overall health and wellness.

Areas to Cover: The focus for this section is to gain an understanding of the importance of participating in various physical activities. The amount of participation in physical activity often declines with age. However, the risk for developing a chronic disease or illness decreases when individuals participate in physical activities. Through participation in physical activities, individuals will also identify what is gained when participating in these types of activities. Participation in these types of activities improves endurance, strength, balance, and flexibility allowing an individual to remain independent in performing activities of everyday life.

Individuals will learn the necessary frequency, duration, and intensity needed during physical activities to receive the full health benefits of participation. In addition, individuals will learn about the three phases that are incorporated with physical exercise including warm-up, activity itself, and cool-down. When participating in physical activities, individuals will learn how to take their pulse appropriately to determine if there are receiving the benefits. Individuals are encouraged to find a balance in participating in activities solitarily or with others.

With each individual the therapist needs to

1. Prioritize the individual's physical activities needs and desires

2. Analyze prioritized physical activities
3. Evaluate both current and expected performance in physical activities
4. Evaluate contexts in which physical activities occur
5. Evaluate person-specific variable that hinder or support participation in physical activities
6. Develop goals and intervention strategies that address physical activities

Intervention Section Objectives:

- Identify importance in participating in physical activities
- Identify the benefits of regular participation in physical activities
- Explore and participate in a variety of physical activities
- Commit to participating in physical activities on a regular basis

Intervention Section Activities:

- Education (see Appendix C)

Strength, flexibility, balance, and coordination are all components of physical activity. A balance of each of the above activities is necessary to improve overall physical health. The appropriate duration, frequency, and intensity is important to consider when developing a physical activity exercise program. Participation in physical activities is essential to reduce the risk of developing a chronic illness or disease along with maintaining blood pressure, cholesterol, weight, etc (Danner & Edwards, 1992; Scott, Butin, Tewfik, et al., 2001; Swart, Pollock, & Brechue, 1996).

- Walking Club

A physical activity that promotes a social network is the Walking Club. The club can meet anywhere from 3 to 5 times per week for 30 to 60 minutes per time. When

occupations can be done in a group atmosphere, it encourages and motivates others to participate on a regular basis. Building social ties is another component to overall health promotion and disease prevention. Members of the Walking Club can determine times, days, and locations where they would like to walk with others (Scott et al., 2001).

- Yoga/Relaxation Group

Forms of relaxation include deep breathing, guided imagery, and meditation. Yoga provides for a low impact workout that may be ideal for individuals with arthritis.

Participation in yoga activities improves balance and reduces the risk for falls. It is an activity that can be done individually or in a group setting. Research has shown that yoga can reduce heart rate, blood pressure, and improve lung capacity (Danner & Edwards, 1992; <http://www.nlm.nih.gov/medlineplus/exerciseandphysicalfitness.html>).

- Aerobic Activities

When participating in aerobic exercises, it is important to follow the three phases of exercise: warm-up, aerobic activity, and cool-down. The warm-up includes stretching and a low-intensity activity to warm-up muscles for the activity to be done. The aerobic activity should begin slowly and gradually increase in intensity. The cool-down phase includes stretching and low-intensity activity to allow the body to return properly to its normal heart rate.

Examples of exercise that are considered aerobic: swimming, bicycling, walking, jogging/running, and rowing. Each of the above activities help to improve energy, reduce stress, decrease blood pressure, and increase bone density. The reduction in risk for chronic diseases and illnesses is significant when participating in these types of activities (Danner & Edwards, 1992; Scott et al, 2001; Swart et al., 1996)

- Strengthening Activities

Strength is required for daily activities including climbing stairs, getting on and off the toilet, making the bed, and carrying groceries, to name a few. When selecting a strength training program it is important to consider safety and the activities that the individual wants and needs to perform independently.

In order to increase strength, the muscle needs to work harder than it was previously. A regular breathing pattern must be used when performing resistive exercises. Typically, performing 8 to 12 repetitions of an exercise at 50% of the maximum weight the individual can lift is ideal to strengthen muscles appropriately and adequately. It is safer for older adults to use less weight, but perform more repetitions (Danner & Edwards, 1992).

- Flexibility/Balance Exercises

Maintaining flexibility is beneficial to individuals with arthritis and degenerative bone diseases. The best types of stretching to improve flexibility are static stretches. Static stretches are holding a single stretch for 15 to 30 seconds. It is important to stretch all muscles groups to maintain flexibility. Taking periods of time to stretch throughout the day will also help to ease muscular tension.

Balance is required for many everyday activities. Good balance is dependent upon strength, flexibility, and body alignment. As individuals age their ability to recover from slight losses of balance diminishes. Examples of ways to improve balance include simply lifting one foot off the ground for a count of ten, dancing, and fitness classes (Danner & Edwards, 1992; Scott et al., 2001).

LEISURE ACTIVITIES INTERVENTION SECTION

Definition: In this section, individuals will explore what leisure is to them and what types of leisure activities they enjoy. Following retirement, individuals have an increased amount of time to participate in leisure activities. It is important to continue participating in current leisure activities and also to develop new leisure interests. This helps to replace the time that was previously spent working. Feelings of self-worth and purposefulness occur when individuals are able to participate in a wide variety of occupations, including leisure.

Areas to Cover: Having individuals identify their current leisure activities is important in this section. It is also important for them to think about leisure activities that may be of interest. In a discussion, have individuals identify what types of activities they consider to be leisure and what it provides to them when participating in these types of activities. Posing the question if a physical activity can also be a leisure activity is another component to consider in this section. It is necessary for individuals to find a balance in leisure activities that can be done alone or with others.

With each individual the therapist needs to

1. Prioritize the individual's leisure activities
2. Analyze prioritized leisure activities
3. Evaluate current and expected performance in leisure activities
4. Evaluate the contexts in which the leisure activities occur
5. Evaluate the individual's variables that hinder or support performance in leisure activities
6. Develop goals and intervention strategies for engagement in leisure activities

Intervention Section Objectives:

- Identify importance of participation in leisure activities
- Identify current leisure interests
- Identify potential leisure interests
- Engage in current and new leisure activities on a regular basis

Intervention Section Activities:

- Gardening
- Cooking
- Fishing/Hunting
- Sewing
- Cards/Board Games
- Movies
- Woodwork
- Interest Checklist (see Appendix D)

The activities listed above are only a few of the many potential leisure activities in which the individual can participate. It is important that individuals continue participation in current leisure interests and also pursue new leisure activities.

Leisure activities encompass many factors including group versus solitary activities, simple versus complex, structured versus unstructured, and free versus costly. Simple versus complex leisure activities is the ease in which the individual can perform the activity while unstructured activities allow for more creativity. For example, decorating cookies allows for more creativity than leaving them unfrosted. When reflecting on current leisure activities as well as leisure interests, it is important

to consider that there is a balance between the components that are found within leisure activities. For example, having a balance of free versus costly leisure activities as well as balancing the other components is beneficial to ensure a variety of leisure activities (Cara & MacRae, 1998).

SOCIAL OPPORTUNITIES INTERVENTION SECTION

Definition: A social opportunity provides individuals with the chance to interact with other individuals and provides feelings of companionship and increased self-worth.

Often individuals interact with others of similar interests and age ranges.

Areas to Cover: The risk for social isolation increases after retirement especially for those living in rural communities. It is important that individuals identify what types of social activities they enjoy in order for them to be incorporated in the program. A social network is established when individuals have the opportunity to learn more about one another and build a relationship.

With each individual the therapist needs to

1. Prioritize individual needs and desires for maintaining and developing social contacts
2. Analyze the skills needed to engage in social opportunities
3. Evaluate the individual's current and expected social activities
4. Evaluate contexts in which social activities occur
5. Evaluate the individual's variables the support or hinder participation in social activities
6. Develop goals and intervention strategies that address participation in social opportunities

Intervention Section Objectives:

- Identify importance of participation in social activities
- Identify types of social activities the individual enjoys
- Identify what it means to participate in social activities

- Engage in social activities on a regular basis

Intervention Section Activities:

- Cards/Board Games
- Walking Club
- Organized group outings
- Education on importance of participation
- Education on what social contacts provide

Like the leisure intervention section, the social activities intervention section has a variety of components to consider. Aspects to social activities include free versus costly, passive versus active, and structured versus unstructured. Free social activities including playing games or cards where as costly activities include going to movies, concerts, or to a restaurant. Examples of passive activities include going to movies, concerts, or listening to a presentation. Games, cards, cooking, playing sports, and shopping are examples of active activities. An example of a structured social activity is playing a game or cards while an unstructured activity is going window shopping (Cara & MacRae, 1998).

EDUCATIONAL SEMINARS INTERVENTION SECTION

Definition: Individuals in the retirement age bracket are at risk for developing a variety of chronic diseases. The educational seminars provide the opportunity for individuals to request areas of concern and also to address pertinent health related issues to individuals within that age bracket.

Areas to Cover: It is important for individuals to understand pertinent health risks that may affect them. This is important in order for individuals to reduce the risks of chronic diseases or illnesses. Individuals working within the community can be a resource and a potential presenter for topics that are pertinent to the group. Following the presentations, the individuals will have the opportunity to discuss in small groups their thoughts, ideas, questions, etc. If further attention needs to be provided to the topic, it is important to arrange that. In addition, it is possible for individuals to form support groups as a coping mechanism. Potential topic ideas include: diabetes, nutrition, blood pressure, cholesterol, stroke, heart attack, arthritis, social isolation, death, sleep, wellness, vision, and current health issues occurring in the news. Within this section, it is possible to also schedule nutrition and health screenings throughout the year. With each individual the therapist needs to

1. Prioritize individual needs and desires for learning about health issues
2. Analyze and understand current knowledge relating to health issues and risk
3. Evaluate both current and expected performance in understanding health issues
4. Evaluate contexts in which the individual learns about health issues or participates in health or nutrition screenings

5. Evaluate the individual's variables that support or hinder participation in health or nutrition screenings and participating in educational seminars
6. Develop goals and intervention strategies that focus on improving knowledge of health issues and participating in health or nutrition screenings

Intervention Section Objectives:

- Offer a variety of educational opportunities
- Identify pertinent health related issues the individuals would like to learn more about
- Demonstrate an understanding of health related issues
- Participate in health or nutrition screenings

Intervention Section Activities:

- Speaker present on topics
- Discussion groups to follow
- Support groups, if appropriate

Participation in the educational seminars and follow-up discussion groups will enhance the individual's knowledge on pertinent health issues. The discussion groups will be led by the individuals. This will allow them to discuss their questions, thoughts, ideas, etc. If necessary, support groups can be developed to further discussions over an extended period of time. The occupational therapist is responsible for contacting individuals and arranging the presentations.

Appendix A

Activities Record

[illegible]

Appendix B

Changing Roles Intervention Section

Occupational Profile Semi-structured Interview

Role Changes

1. What are your current roles in life?
2. Which of these roles consumes the majority of your time?
3. What are your feelings in regards to participating in these current roles?
4. How do you think your occupational roles will change as a result of retirement?

Physical Activities

5. Do you currently engage in any type of physical activities? If so, what?
6. How often and for what length of time do you participate in this/these activities?
7. What motivates you to participate?
8. Are there any activities you are interested in trying or learning more about?

Leisure Activities

9. What types of leisure activities do you participate in?
10. How often do engage in leisure activities?
11. What benefits do you notice when you participate in leisure activities?
12. What other types of leisure activities would you like to explore?

Social Activities

13. What kinds of social activities do you participate in?
14. How often do you participate in social events?
15. What types of social activities do you enjoy most? Why?

Educational Seminars

16. What would you like to learn more about in regards to your health?
17. What do you view as pertinent health related issues for your age?
18. How does knowing about and understanding health issues affect you?

Context

19. How would you describe your current health status?
20. In what ways does your culture influence your values, beliefs, and traditions?
21. Describe your current social network including family, friends, and co-workers?
22. What is your satisfaction with your current environments?

Appendix C

Physical Activities Intervention Section

The following are websites that provide information in regards to physical activity.

http://www.cdc.gov/nccdphp/dnpa/physical/growing_stronger/index.htm

<http://www.clevelandclinic.org/health/health-info/docs/2700/2782.asp?index=10325>

Physical Activity: Frequency, Duration, and Intensity:

1. Frequency: It is recommended that older adults participate in physical exercise activities 3-5 times per week (Swart et al., 1996).
2. Duration: Older adults will reap the benefits of participation in activities anywhere from 15-60 minutes. At least 30 minutes of physical exercise is optimal to reach the full benefits (Swart et al., 1996).
3. Intensity: A level of 55-90% of one's maximal heart rate. Heart rate can be taken by taking the pulse for 10 seconds and then multiplying that by 6. Heart rate should be taken at rest to get the baseline and also when exercising to determine proper intensity level (Swart et al., 1996).

-Exercising in short durations that add up to 30 minutes has been found to be just as beneficial as one 30 minute session (Swart et al., 1996).

-The above frequency, duration, and intensity is considered necessary to reduce the risk of chronic diseases and illnesses. However, any changes in lifestyle that promote increased physical activities will help to reduce chronic illnesses and diseases (Swart et al., 1996).

Appendix D

Leisure Activities Intervention Section

Interest Checklist

LEISURE LINK

REFERENCES AND RESOURCES

Physical Activities Intervention Section

Aetna IntelliHealth. (2004). Complementary & Alternative Medicine. Retrieved October 26, 2004 from

<http://www.nlm.nih.gov/medlineplus/exerciseandphysicalfitness.html>

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Danner, R., & Edwards, D., (1992). Life is movement: Exercise for older adults.

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Swart, D.L., Pollock, M.L., & Brechue, W., (1996). Aerobic exercise for older adults.

Activities, Adaptation, & Aging, 20(3), 9-25.

Leisure Activities Intervention Section

Cara, E. & MacRae, A. The occupational therapy process in mental health. In E. Cara & A. MacRae (Eds.), *Psychosocial Occupational Therapy: A Clinical Practice* (pp.3-31).

Korb-Khalsa, K.L., Azok, S., & Leutenberg. E.A. (1989). *Life Management Skills*, Beachwood, OH: Wellness Productions Incorporated.

Social Activities Intervention Section

Cara, E. & MacRae, A. The occupational therapy process in mental health. In E. Cara & A. MacRae (Eds.), *Psychosocial Occupational Therapy: A Clinical Practice* (pp. 3-31).

Educational Seminars Intervention Section

Contacts to consider:

- Local hospital/clinic Speaker's Bureau
- Public Health Department
- Community Health Department
- Altru Outreach Program
- UND Wellness Center
- YMCAs

Resource used in all sections

Dunn, W., Brown, C., & Youngstrom, MJ. (2003). Ecological model of occupation. In P. Kramer, J. Hinojosa, & C. Brasic Royeen (Eds.), *Perspectives in Human Occupation: Participation in Life* (pp. 222-263).

CHAPTER FIVE

SUMMARY

The purpose of the Wellness Manual is to serve as a guideline to develop and implement a wellness program for pre and newly retired individuals in rural communities. Residents of rural communities often do not have the resources or access to these types of services and it is important to fill this gap to promote healthy, satisfying lifestyles through preventative services. An occupational therapist has the knowledge and skills in designing a program that encompasses numerous aspects to wellness. They have the skills to look at the person, the context, and the occupation in order to promote health and disease prevention in all individuals. Occupational therapists are an essential component to consider in developing community-based programs.

The Wellness Manual has been specifically designed for pre and newly retired individuals living in rural communities. The program allows individuals to participate in social activities, leisure activities, physical activities, and educational seminars. In addition, the individual will have the opportunity to review their changing roles that are occurring as a result of retirement. The goals for the Wellness Manual have been directed towards the individuals who participate in the program. The first goal of the wellness program is to prevent social isolation among pre and newly retired individuals living in rural communities. A second goal is to expand on current occupations and facilitate participation in a variety of occupations throughout the lifespan. Educating

individuals on the importance of participation in health promotion activities to reduce the risk of developing chronic diseases/illnesses is another goal of the program. The fourth and final goal of the program is to maintain or improve quality of life and satisfaction with self.

Limitations

Limitations are present within the proposed Wellness Manual. One limitation to the Wellness Manual is not having an overall program evaluation form. In the future, it will be important to develop an evaluation specific to the program in order to continually make revisions to the manual and program to ensure that it is effective. A program evaluation form has not been developed because the manual serves as a guideline and the specific occupations within each intervention section are not yet established. A program evaluation needs to target all of the occupations/activities to the program. The evaluation for the program will evolve as the program develops. Another limitation to the program is that it is designed for a specified population. Expanding the program to benefit all individuals in rural communities is another consideration for future use. A review of literature for children and adolescents will need to be done to modify the programs and develop new interventions for these age groups. By expanding the program, rural communities will have the opportunity to promote health and disease prevention throughout the lifespan. A final challenge is the need for funding to operate this program. It is essential to research the various types of grants that are available to continue funding from year to year. Maintaining contact with other potential partners to

the wellness program including organizations, churches, or businesses is important. This will help promote the program and will help potentially share the costs of operating the program.

Clinical Implications and Recommendations

Research has found that few wellness programs have been developed specifically for pre and newly retired in rural communities. There is also limited research on well individuals in the specified age category. It is essential to develop health promotion and disease prevention programs targeted towards these individuals. Recommendations can be made to improve the Wellness Manual and program to ensure success. First, it is important to develop a program evaluation form. Collection of data on program outcomes enables the program to make revisions as needed in order to meet the needs of the target population. Documented positive outcomes will serve as a promotional tool to increase participation and have more community members refer individuals to the program. It will also help identify trends and specific areas in which to focus. The documented positive outcomes will strengthen the possibility for extra funding.

It is hoped that this scholarly project will assist occupational therapists in further designing and implementing wellness programs in rural communities for pre and newly retired individuals. It is important the Wellness Manual serve as a guideline for an occupational therapist. The manual will need to be revised and expanded to meet the needs of the individuals participating in the program. Occupational therapy seeks to improve or maintain quality of life for all individuals in the community. This will allow

occupational therapists to market themselves in community-based settings with a focus of health promotion and disease prevention. Community-based services is an emerging area of practice for occupational therapy and it is essential that therapists promote preventative care in their profession.

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[info/docs/2700/2782.asp?index=10325](http://www.clevelandclinic.org/health/health-info/docs/2700/2782.asp?index=10325)

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